

## **IV. ORGANIZATION AND MANAGEMENT**

Organization and management involves the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning.

**A. State Staffing - 246.4(a)(4) and (23):** describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace.

**B. Evaluation and Selection of Local Agencies - 246.4(a)(5)(i) and (7):** describe the procedures and criteria utilized in the selection and authorization of local agencies.

**C. Local Agency Staffing - 246.4(a)(4):** describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data.

**D. Disaster Planning -** describe the disaster plans to be implemented in the event of a disaster.

#### IV. ORGANIZATION AND MANAGEMENT

##### A. State Staffing

###### 1. State Level Staff

- a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in Appendix A of this section:

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-kind</u>	<u>Total FTE</u>
Director	<u>1</u>	_____	<u>1</u>
Nutritionist	<u>47.05</u>	_____	<u>47.05</u>
Vendor Specialist	<u>38.25</u>	_____	<u>38.25</u>
Program Specialist	<u>48.35</u>	_____	<u>48.35</u>
Financial Specialist	<u>18</u>	_____	<u>18</u>
Breastfeeding Coordinator	<u>1</u>	_____	<u>1</u>
ADP Specialist	<u>45</u>	_____	<u>45</u>
Intern	_____	_____	_____
Other (specify):	<u>16</u>	<u>Admin</u>	<u>16</u>
<b>Support Staff</b>	<b>17</b>		<b>17</b>

- b. The State agency has a WIC organizational chart showing all positions, titles, and staff names.

☒ Yes ☐ No

If yes, please attach the WIC organizational chart in Appendix A of this section.

- c. If available, attach an overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization in Appendix B of this section.

- d. The State agency has updated position descriptions for each of the above positions.

☒ Yes ☐ No

Please include position descriptions in Appendix C of this section.

#### **IV. ORGANIZATION AND MANAGEMENT**

##### **A. State Staffing**

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (citation)**

**2. Estimate below the average percent of State staff time devoted to fulfilling the following functions:**

<b>Function</b>	<b>Percent of Total Staff Time</b>
Certification, including nutrition risk determination	<u>0</u>
Breastfeeding training/promotion and support	<u>7</u>
Nutrition education	<u>15</u>
Monitoring of local agencies	<u>15</u>
Fiscal reporting	<u>10</u>
Food delivery system management	<u>6</u>
Vendor management, including vendor training	<u>12</u>
Staff training and continuing education	<u>10</u>
ADP system development and maintenance	<u>8</u>
Civil rights	<u>2</u>
Coordination with and referrals to other assistance programs and social service agencies	<u>5</u>
Other (specify):	<u>10</u>

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (citation):**

**3. Drug-Free Workplace**

**a. The State agency has a plan that will enable them to achieve a drug-free workplace.**

☒

Yes

☐

No

**b. Attach a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix D of this section.**

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (citation):**

#### IV. ORGANIZATION AND MANAGEMENT

##### B. Evaluation and Selection of Local Agencies

☐ DOES NOT APPLY (PROCEED TO NEXT SECTION)

##### 1. Local Agencies Authorized

82 number of local agencies authorized to provide WIC services last year

84 number of local agencies planned to provide WIC services this year

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (citation):**

##### 2. The State agency accepts applications from potential local agencies:

☐

annually

☐

biennially

☐

on an on-going basis

☒

other (specify) When solicited.

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (citation):**

##### 3. Existing local agencies must reapply and compete with new applicant agencies for authorization:

☐

annually

☐

biennially

☒

not applicable

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (citation):**

##### 4. Selection Criteria

##### a. The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas:

**New  
Service  
Areas**

**Existing  
Service  
Areas**

☒☒

coordination with other health care providers

☒☒

projected cost of operations/ability to operate with available funds

☒☒

location/participant accessibility

☒☒

financial integrity/solvency

☒☒

relative need in the area

☒☒

range and quality of services

☒☒

history of performance in other programs

☒☒

ability to serve projected caseload

☐☐

other factors:

☐☐

#### **IV. ORGANIZATION AND MANAGEMENT**

##### **B. Evaluation and Selection of Local Agencies**

- b. The State agency conducts studies (provide date of most recent study: ongoing w/PE-TA-LOC cycle) of the cost-effectiveness of local agency operations that examine:**

- ☒ location and distribution of local agencies in proportion to participants/potential eligibles
- ☒ clinic procedures to optimize participant access/service (PFA, etc.)
- ☐ staff-to-participant ratios and related staffing analyses
- ☐ comparative analyses of local agency/clinic costs
- ☐ other

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

- 5. The State agency enters into a formal written agreement or contract with each local agency.**

- ☒ Yes (state duration): **3 year contract or the remaining portion thereof**  
☐ No

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation): Contract Management Binder, Chapter 2**

- 6. The State agency has established statewide fair hearing procedures for local agency appeals.**

- ☒ Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below:  
☐ No  
☐ Not Applicable

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation): WPM 520-10, 510-40**

- 7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach the listing in Appendix of this section:**

- ☒ Location
- ☒ Type of site (e.g., hospital, health department, community action program)
- ☒ Service area
- ☒ Hours of operation
- ☒ Days of operation
- ☐ Health services provided on-site
- ☐ Social services provided on-site
- ☒ Participation
- ☐ Other (specify):

#### **IV. ORGANIZATION AND MANAGEMENT**

##### **B. Evaluation and Selection of Local Agencies**

**ADDITIONAL DETAIL: Organization & Management Appendix California WIC Directory; and Location of Detailed Information for WIC Clinic Sites and/or Procedure Manual (citation):**

#### **IV. ORGANIZATION AND MANAGEMENT**

##### **C. Local Agency Staffing**

☐ **DOES NOT APPLY (PROCEED TO NEXT SECTION)**

##### **1. Staffing Standards**

**a. The State agency prescribes local agency staffing standards that include:**

- ☒ credentials
- ☒ staffing levels
  - ☐ staff-to-participant ratio standards
  - ☒ time spent on WIC functions
  - ☐ other (specify):
- ☒ functions of CPAs
- ☒ paraprofessional requirements
- ☐ other (specify):
- ☐ not applicable

**b. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards, i.e., federal requirements (FR), recommended criteria (RC), best practices (BP).**

☒ Yes ☐ No

**c. The State agency maintains copies of local agency CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements (FR), recommended criteria (RC), best practices (BP).**

☒ Yes ☐ No

**d. Local agencies follow staffing standards established by unions or local governmental authorities.**

☐ Yes ☒ No

**If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities?**

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (citation): WPM Section 130**

#### IV. ORGANIZATION AND MANAGEMENT

##### C. Local Agency Staffing

### 2. Local Level Staffing Data

a. **The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):**

- ☐ for each clinic/local agency
- ☐ at regular intervals
  - ☐ monthly
  - ☐ quarterly
  - ☐ annually
  - ☐ other (specify): **Not applicable**

- ☐ by function
- ☐ program management
  - ☐ food delivery
  - ☐ certification
  - ☐ nutrition education
  - ☐ breastfeeding promotion and support
  - ☐ other (specify): **Not applicable**

b. **Results of analyses are reported back to local agencies.**

- ☒ No
- ☐ Yes, in a single report comparing all local agencies
- ☐ Yes, in a local agency-specific report (no comparative data)

**ADDITIONAL DETAIL: Organization & Management Appendix  
and/or Procedure Manual (cite): WPM Section 130: Local Agency Staff  
Requirements**

### 3. Local Agency Breastfeeding Staffing Requirement

a. **The local agency has designated a staff person to coordinate breastfeeding promotion and support activities.**

- ☒ Yes ☐ No

b. **The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the FNS Loving Support Peer Counseling Model.**

- ☒ Yes ☐ No



## **IV. ORGANIZATION AND MANAGEMENT**

### **C. Local Agency Staffing**

#### **IV. ORGANIZATION AND MANAGEMENT**

##### **D. Disaster Plan**

**1. State agency has developed a WIC disaster plan**

☒ Yes ☐ No

**2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan**

☒ Yes, what agency/ies: Department of Public Health  
☐ No

**3. The State agency shares the disaster plan with its local agencies and clinics?**

☐ Yes ☒ No

**4. The Disaster Plan addresses:**

- ☒ Procedures to assess the extent of a disaster and report findings
- ☒ Access to program records
- ☒ Certification and food issuance sites and procedures
- ☒ Food package adjustments
- ☒ Food delivery systems
- ☒ Information System (IS) Recovery
- ☒ IS alternate procedures
- ☐ Emergency authorization of vendors
- ☒ Back up computer systems
- ☒ Back up filing systems
- ☒ Staffing arrangements
- ☒ Use of mobile equipment, clinics
- ☐ Other (describe)\_\_\_\_\_

**5. The State agency requires local agencies/clinics to have individual disaster plans.**

☒ Yes ☐ No

If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.

☐ Yes ☒ No

**6. The State agency has a designated staff person to coordinate disaster planning.**

☒ Yes ☐ No